Unit where incident occurred: Loff

# Case 2:14-cv-20687 Document 1-1 Filed 07/07/14 Texas Department of Criminal Justice

	STEI	1 1	OFFE RIEVAN	NDER CE FORM	M
Offender Name: L Unit: Coffie	7	Burton using Assign		# <u>836846</u> 8	,

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when

Page 1 of 1 Page 1P // O
Page 1 of 4 PageID #. 8 OFFICE USE ONLY
Grievance #20/11/9678
Date Received: 3-31-14
Date Due: 5-10-14
Grievance Code: 660
Investigator ID #:
Extension Date:
Date Retd to Offender: APR 1 5 2014

who did you talk to (name, title)? When? 03-V7-V4
Who did you talk to (name, title)? When? Officer When? O3-V7-44 What was their response? I'm going to let his door open so he can kiek your ass. What action was taken? Glalkad off
What action was taken? Walked 6#.
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
The immate told me he would come out and kicking
asturben the right officer work. I fear for my life. Officer ogill
when the some is right the will get his door open white I'm
on run in hand crifts.
k i i i i i i i i i i i i i i i i i i i
The state of the s
··

Case 2:14-cv-20687 Document 1-1 Filed 07/07/	14 Page 2 of 4 PageID #: 9 , , , , , , , , , , , , , , , , , ,
The Mark Control of the Control of t	
	The second secon
Action Requested to resolve your Complaint. To File a OPT MAP 3	
010113	
	14 1 11
Offender Signature: Dollar & Durns	Date: 03-31-14
Grievance Response:	
Your allegations of life endangerment couldn't be substant evidence to support your claims.	ciated due to a lack of
n de la companya de l	
ignature Authority:	Date: 4/15/14
you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inv	estigator within 15 days from the date of the Step 1 response.
tate the reason for appear on the Step 2 Form.	and the state of the step I response.
eturned because: *Resubmit this form when the corrections are made.	
1. Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OFFICE USE ONLY
3. Originals not submitted. *	Initial Submission UGI Initials: Grievance #:
4. Inappropriate/Excessive attachments. *	i
5. No documented attempt at informal resolution. *	Screening Criteria Used:
6. No requested relief is stated. *	Date Recd from Offender:
7. Malicious use of vulgar, indecent, or physically threatening language. *	Date Returned to Offender:
8. The issue presented is not grievable.	2 <sup>nd</sup> Submission UGI Initials:
9. Redundant, Refer to grievance #	Grievance #:
10. Illegible/Incomprehensible. *	Screening Criteria Used:
11. Inappropriate. *	Date Recd from Offender:
GI Printed Name/Signature:	Date Returned to Offender:  3 <sup>rd</sup> Submission UGI Initials:
	3 <sup>rd</sup> Submission UGI Initials: Grievance #:
pplication of the screening criteria for this grievance is not expected to adversely ffect the offender's health.	Screening Criteria Used:
and all photocomes while the limited for the above a second of the contract of	Date Recd from Offender:
ledical Signature Authority:	Date Returned to Offender:

**-127 Back** (Revised 11-2010)

OFFICE USE ONLY

Grievance #: 20 14119678

Appendix G

UGI Recd Date: APR 1 8 2014

HQ Recd Date PR 2 4 2014



### **Texas Department of Criminal Justice**

## STEP 2

### OFFENDER GRIEVANCE FORM

Unit: Coffee d Housing Unit where incident occurred:	reid  The id  The id  The id	Grievance Code: 000 Investigator ID#: Extension Date:
You must attach the completed Ste accepted. You may not appeal to Step	p 1 Grievance that has been signed by the Warde v 2 with a Step 1 that has been returned unprocessed	n for your Step 2 appeal to be l.
Give reason for appeal (Be Specific). I am	n dissatisfied with the response at Step 1 because	
I don't fe	eel confortable or er here?	safe here, my
I-128 Front (Revised 11-2010) VO	HID SICNATURE IS REQUIRED ON RACK OF	THIS FORM (OVER)

			and the state of t
		· .	
Section 1	7 . D		And the second s
	V		
		<u> </u>	
	- A ()		4-17-71
Offender Signature:	Son y .	Date:	
Grievance Response:			
		A A A A A A A A A A A A A A A A A A A	
and the second s		r volument ven gesche A	en e
		· Communication of the communi	
any additional information that would corroborate you allegations, you all immediate assistance. There is no concerns.	e encouraged to contact se	curity, Classification	, and/or Administration for
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: Howard	re encouraged to contact se indication that the Coffield A	ecurity, Classification Administration has fa	, and/or Administration for
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: Howard	e encouraged to contact se indication that the Coffield A	OFF	, and/or Administration for iled to address your safety
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: Howard	B. Howard ART	OFF	, and/or Administration for iled to address your safety - 13 - 1// TICE USE ONLY CGO Initials:
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: Account this form we will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the state of the concerns will be a signature with the con	B. Howard ART	OFF	, and/or Administration for iled to address your safety - 13 - 1// ICE USE ONLY CGO Initials:
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: Authori	B. Howard ART	Date: OFF  Initial Submission  Date UGI Recd:  Date CGO Recd:  (check one)Sci	, and/or Administration for iled to address your safety  - 13 - 1//  TICE USE ONLY  CGO Initials:
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns are all the concerns are all the concerns are all the concerns.  In the concerns are all t	B. Howard AR	Date: OFF  Initial Submission  Date UGI Recd:  Date CGO Recd:  (check one)Sci	, and/or Administration for illed to address your safety -13.)(/ PICE USE ONLY CGO Initials:
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns are all the concerns are all the concerns.  Signature Authority: According to the concerns are all the concerns	B. Howard AR hen corrections are made.	Date: OFF Initial Submission Date UGI Recd: Date CGO Recd: (check one) Date Returned to Off	, and/or Administration for illed to address your safety  - 13 - 1//  TICE USE ONLY  CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns are all the concerns are all the concerns.  Signature Authority: According to the concerns are all the concerns	B. Howard AR hen corrections are made.	OFF Initial Submission Date CGO Recd:  (check one)Sci (check one)Sci Comments: Date Returned to Off uage.  2nd Submission	, and/or Administration for illed to address your safety  -13.)(/  ICE USE ONLY  CGO Initials:  eenedImproperly Submitted  ender: CGO Initials:
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns are all the concerns are all the concerns.  Signature Authority: According to the concerns are all the concerns	B. Howard AR hen corrections are made.	Date: OFF Initial Submission Date CGO Recd: Check one) Date Returned to Off  2nd Submission Date UGI Recd: Date Returned to Off Date UGI Recd: Date Returned to Off Date UGI Recd:	, and/or Administration for iled to address your safety  - 13 - 1//  TICE USE ONLY  CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns are all the concerns are all the concerns.  Signature Authority: According to the concerns are all the concerns	B. Howard AR hen corrections are made.	Date: OFF Initial Submission Date UGI Recd: Date CGO Recd: Comments: Date Returned to Off 2nd Submission Date UGI Recd: Date CGO Recd: Comments: Date Returned to Off 2nd Submission Date UGI Recd: Date CGO Recd: Comments:	, and/or Administration for iled to address your safety  -13 - 1//  ICE USE ONLY  CGO Initials:  eenedImproperly Submitted  ender:  CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns.  Returned because: *Resubmit this form was a second to the concerns of the c	B. Howard AR hen corrections are made.	Date: OFF Initial Submission Date UGI Recd: Comments: Date Returned to Off Uage. Date UGI Recd: Comments: Date Returned to Off Uage. Date CGO Recd: Comments: Comments: Date CGO Recd: Comments: Date CGO Recd: Comments: Date CGO Recd: Comments: Date CGO Recd: Comments:	, and/or Administration for illed to address your safety  -13 - 1//  TICE USE ONLY  CGO Initials:  eenedImproperly Submitted  cender:  CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns.  Returned because: *Resubmit this form was a second to the concerns of the c	B. Howard AR hen corrections are made.	Date: OFF Initial Submission Date UGI Recd: Date Returned to Off Initial Submission Date UGI Recd: Date CGO Recd: Comments: Date Returned to Off Date UGI Recd: Date Returned to Off Date UGI Recd: Date Returned to Off Date UGI Recd: Date CGO Recd: Comments: Date Returned to Offe	, and/or Administration for iled to address your safety  -13 - )(/  TICE USE ONLY CGO Initials:  eenedImproperly Submitted  ender:  CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns are all the concerns.  Returned because: *Resubmit this form was a submit this form was a submit the concerns are all the concerns a	B. Howard AR hen corrections are made.	Date: OFF Initial Submission Date UGI Recd: Date Returned to Off  2nd Submission Date UGI Recd: Date CGO Recd: Comments: Date Returned to Off (check one)Scritcheck one)Scritcheck one) Date UGI Recd: Date CGO Recd: Comments: Date Returned to Offe 3rd Submission	and/or Administration for illed to address your safety  -13 - ///  ICE USE ONLY CGO Initials:  eenedImproperly Submitted  ender: CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns.  Returned because: *Resubmit this form was a second to the concerns of the c	B. Howard AR hen corrections are made.	Date: OFF  Initial Submission Date UGI Recd: Date Returned to Off  2nd Submission Date UGI Recd: Date Returned to Off  2nd Submission Date UGI Recd: Date CGO Recd: Comments: Date Returned to Off  2nd Submission Date UGI Recd: Date CGO Recd: Comments: Date UGI Recd: Date UGI Recd: Date Returned to Offe  3rd Submission Date UGI Recd:	, and/or Administration for iled to address your safety  -13 - )(/  TICE USE ONLY CGO Initials:  eenedImproperly Submitted  ender:  CGO Initials:  eenedImproperly Submitted
corroborate you allegations, you are immediate assistance. There is no concerns.  Signature Authority: According to the concerns.  Returned because: *Resubmit this form was a second to the concerns of the c	B. Howard AR hen corrections are made.	OFF Initial Submission Date CGO Recd: Check one) Date UGI Recd: Date Returned to Off Uage. Date CGO Recd: Check one) Date UGI Recd: Date CGO Recd: Comments: Date Returned to Off Submission Date UGI Recd: Check one) Date CGO Recd: Check one) Date CGO Recd: Check one) Date CGO Recd: Comments: Date CGO Recd: Check one) Date CGO Recd: Date CGO Recd: Date CGO Recd: Check one) Date CGO Recd: Check one)	, and/or Administration for iled to address your safety  -13.//  ICE USE ONLY CGO Initials:  eenedImproperly Submitted  ender:  CGO Initials:  eenedImproperly Submitted